

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number 671096.404USPC | | | | | | | | | | | | | | | | | | |
|--|------------|---------------------------------|--|------------|-------------------------|---|-------|-------------------|---|-------|-------------------|---|--------|-------------------|--|--------|-------------------|--|--------|--------------------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | | | | | | | | | | | | | | | | |
| Application Number 10/541,896 | | Filed March 30, 2006 | | | | | | | | | | | | | | | | | | |
| For ASSESSMENT OF COGNITIVE IMPAIRMENT | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3736 | | Examiner Brian Scott Szmaj | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65 <u>\$130</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245 \$_____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555 \$_____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865 \$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175 \$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>43,058</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ /Stephen J. Rosenman/ Signature _____ Stephen J. Rosenman, Ph.D. Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ March 1, 2010 Date _____ 206-622-4900 Telephone Number</p> </div> </div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 <u>\$130</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 \$_____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 \$_____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 \$_____ |
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